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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 8/1/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a chronic pain management program 5 x 2 weeks.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a chronic pain management program 5 x 2 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Zenith, Dr., & Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Zenith: 7/18/12 letter by, 6/13/12 denial letter, PLN 11 dated 5/30/12, PLN 11 dated 8/8/11, 9/2/11 notification of suspension of benefits, 7/25/11 retrospective review, 11/17/11 retrospective review, 1/30/12 retrospective review, 5/25/12 retrospective review, 12/8/11 DWC 69 and report, 1/6/12 DD report with DWC 69 and DWC 73, 4/23/12 preauth intake, 4/10/12 initial interview, 4/13/12 indication of eval form, 5/14/12 IRO decision, 6/14/11 EMS report, 6/14/11 ED records from Hospital, 6/14/11 Lortab prescription,

6/14/11 ED outpatient records, 6/14/11 left ankle imaging report, 6/19/11 hospital records from Regional, 6/19/11 imaging report, 6/23/11 radiology report, 7/26/11 outpatient initial eval notes, various DWC 73 forms, 6/23/11 to 8/12/11 handwritten SOAP notes, job duties checklist 7/6/11, visit notes from Medical 9/1/11 to 12/1/11, 7/25/11 to 8/19/11 SOAP notes from Orthopedics, 7/13/11 left ankle MRI report, 10/6/11 office notes by DPM, 12/16/11 notes from Choice Treatment, 1/20/12 to 6/29/12 musculoskeletal exam from Choice, 1/20/12 to 6/29/12/12 extremity exams from Choice, daily progress notes by 1/27/12 to 5/29/12, 1/9/12 FCE report, 2/9/12 to 6/12/12 reports from Orthopaedics and 3/20/12 report by Medme.

Dr.: 7/3/12 request for reconsideration, 4/10/12 request for CPM program, and 6/4/12 FCE report.

Dr.: 2/14/12 initial report by BTE, 12/23/11 H&P by, MD, follow up reports by Dr. 1/27/12 to 6/29/12, and 12/18/11 to 6/29/12 musculoskeletal and extremity exams from Choice.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has a date of injury xx/xx/xx. She was working when she slipped down stairs. Her diagnosis is a sprain of the ankle. There was no fracture. She has used amitriptyline and ultram. An orthopedist found a normal ankle examination on 8/20/2011. She has received conservative treatment only and was given a 0% IR.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Chronic pain programs are recommended where there is access to programs with proven successful outcomes, such as decreased pain and medication use, improved function and return to work and decreased utilization of the health care system. There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological and sociologic components that are considered components of the patient's pain. The patient should show evidence of motivation to improve and return to work and *meet the selection criteria*. The predictors of failure in a CPP are poor work adjustment and satisfaction, a negative outlook about future employments, high levels of pretreatment depression, pain and disability, increased duration of pre-referral disability time, higher levels of opioid use and elevated pre-treatment levels of pain.

In this case there is no recent physical examination other than an FCE. The conservative treatment provided has been minimal. The injury is 13 months old and there is no definable pathology to explain the continued symptoms or why such an extensive program is needed. The pathology on MRI is an ordinary

disease of life and pre-existing based on the medical expert reports. No specific treatment plan is seen or return to work goals. The ODG requirements for the requested treatment are not met. Therefore, the service is found to be not medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)